

NITREX™ SYSTEM CHECKLIST

Observer: _____ Site/Address: _____

Current Date: _____ Time: _____

Previous Inspection Date: _____ Time: _____

I. System

Comments

1. Water Reading _____ Water use since last reading _____ (gpd)

II. Pretreatment System

Comments

Technology Type

1. Observe discharge effluent to Nitrex _____
system for solids carryover
2. Review treatment performance records - complete nitrification? _____
3. Measure effluent temperature _____ °F

II. NITREX™ SYSTEM Pretreatment System

Comments

1. Observe inlet sampling port – confirm no blockage _____
2. Observe and comment on media color _____
other _____
3. Measure influent temperature _____ °F
4. Observe outlet sampling port – confirm no blockage _____
Is Ponding occurring _____
5. Describe odor if any _____
6. Measure effluent temperature _____ °F

General Notes and Comments: _____

NITREX TM SYSTEM Monitoring Requirements

	Design Flows		
	Residential < 2,000 gpd	Residential < 2,000 gpd	Non-Residential
pH	Effluent	Influent & Effluent	Influent & Effluent
BOD			
TSS			
Alkalinity			
TKN	Monthly for at least first 6 months, quarterly thereafter	Monthly for at least first 18 months	Monthly for at least first 18 months
NO3 - N			
NO2 - N			
Temperature			